

00862.023522.

PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
: Examiner: G. Garcia  
MICHIIHIRO IZUMI, et al. )  
: Group Art Unit: 2624  
Application No.: 10/813,006 )  
: Filed: March 31, 2004 )  
: For: IMAGE COMMUNICATION )  
: APPARATUS AND CONTROL )  
: METHOD THEREOF, )  
: PROGRAM, AND STORAGE )  
: MEDIUM ) January 23, 2007

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SECOND PRELIMINARY AMENDMENT

Sir:

Prior to examination on the merits, and further to the Preliminary

Amendment dated March 7, 2006, please further amend the above-identified application as follows:

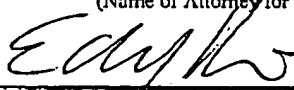
I hereby certify that this correspondence is being facsimile transmitted  
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-  
1450 on

January 23, 2007

(Date of Transmission)

Edward A. Kmetz (Reg. No. 42,746)

(Name of Attorney for Applicant)



Signature

January 23, 2007

Date of Signature

In re Application of:

Docket No. 00862.023522.

MICHIMIRO IZUMI, et al.

Examiner: G. Garcia

Application No.: 10/813,006

Group Art Unit: 2624

Filed: March 31, 2004

Date: January 23, 2007

For: IMAGE COMMUNICATION APPARATUS AND CONTROL METHOD THEREOF,  
PROGRAM, AND STORAGE MEDIUMMail Stop Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Second Preliminary Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 20	MINUS	** 20	= 0	x \$25 \$50	-0-
INDEP. CLAIMS	* 4	MINUS	*** 5	= 0	x \$100 \$200	-0-
Fee for Multiple Dependent claims \$180/\$360						\$ 360.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 360.00

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.☐ A check in the amount of \$\_\_\_\_\_ is enclosed.☒ Charge the \$ 360.00 claims fees to Deposit Account No. 50-3939.

- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 50-3939.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the fee for a \_\_\_\_\_ month extension is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Edward A. Kmett  
Attorney for Applicants  
Registration No.: 42,746

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New York, New York 10112-3800  
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Form #120

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